

Favour Dental

Dr. Troy Bonin

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HIPPA OMINBUS RULE

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT / LIMITED AUTHORIZATION & RELEASE FORM

You may refuse to sign this acknowledge & authorization. In refusing we may not be allowed to process your insurance claims

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Favour Dental. A copy of this signed, dated document shall be as effective as the original.

MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS TO BE SENT VIA FAX OR EMAIL TO MYSELF OR OTHER ATTENDING DOCTOR / FACILITIES IN THE FUTURE.

Patient Printed Name	Signature of Patient/Guardian	Relation	Date
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Comments: _____

If you wish to be addressed other than listed name of patient paper work, please indicate: _____

List any other parties who can have access to your health information:

(This includes access treatment plans, accounting, appointment scheduling, and insurance)

(This includes step parents, grandparents, care takers, and spouses)

Name & Relation	Name & Relation
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Name & Relation	Name & Relation
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I authorize Favour Dental (third parties may apply) to confirm my appointment as listed below unless notified (in writing): Home / Cell (Text Message) / Email / Work (emergency only)

Comments: _____

I authorize Favour Dental (third parties may apply) to send / reply concerning my information upon request (appointments, treatment plan, insurance information, and billing) as listed below unless notified (in writing): Home / Cell (Text Message) / Email / Work (emergency only)

Comments: _____

I approve being contacted about special services, events, fund raising efforts or new health information on behalf of Favour Dental as listed below unless notified (in writing) otherwise:

Home / Cell (Text Message) / Email / Work (emergency only)

Comments: _____

In signing this HIPPA Patient Acknowledgement Form, you acknowledge and authorize Favour Dental to recommend products or services to promote your improved health. Favour Dental may or may not receive third party remuneration from these affiliated companies. We, under current HIPPA Ominbus Rule, provide you this information with your knowledge and consent.